

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc		2/17/0
O.I.P.E. CLASSIFIER	AB	65373	4/10/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			6-2-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		28	01/02/03
2		29	01/02/03
3		30	01/02/03
4		31	01/02/03
5		32	01/02/03
6		33	01/02/03
7		34	01/02/03
8		35	01/02/03
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13		40	01/02/03
14		41	01/02/03
15		42	01/02/03
16		43	01/02/03
17		44	01/02/03
18		45	01/02/03
19		46	01/02/03
20		47	01/02/03
21		48	01/02/03
22		49	01/02/03
23		50	01/02/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here